



Expedited Proceeding under 37 C.F.R. § 1.116
Examining Group 1731

PATENT APPLICATION
Attorney Docket No. 1924


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: SHORE, Michele Merrette *et al.*
SERIAL NO.: 10/058 723 **GROUP ART UNIT:** 1731
FILED: 28 January 2002 **EXAMINER:** FORTUNA, José A.
ENTITLED: PREPARATION OF MODIFIED FLUFF PULP, FLUFF PULP
PRODUCTS AND USE THEREOF

CERTIFICATE of MAILING UNDER 37 C.F.R. § 1.8

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Deborah Mouzon

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Commissioner for Patents
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REPLY UNDER 37 C.F.R. § 1.116

Dear Sir:

This Reply is in response to the final Office Action dated 3 April 2003. In reply to that outstanding Action, Applicants submit the following Amendments and Remarks –



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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages In This Submission: 12	Application Number	10/058,723
	Filing Date	January 28, 2002
	First Named Inventor	Shore, et. al.
	Group Art Unit	1731
	Examiner Name	To Be Assigned
	Attorney Docket Number	1924

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Doc(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal, Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard Receipt
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name -	David P. LeCroy, Reg. No. 37,869
Signature -	
Date -	May 19, 2003

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Typed or Printed Name	Deborah J. Mouzon		
Signature		Date	05/19/03

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